Developmental Disabilities Council Reading Cover Page

Date: November 18, 2004

Meeting: Public Policy Committee

Reading Number: 04-P13

Issue: Legislative Issues

Included in this Reading:

- Legislative Strategies Group draft issues grid
- ➤ Information on Early Intervention bill
- ➤ SAIL 2005 Legislative Agenda

Background/Summary:

This is background material for committee members.

Action:

Discussion

If there are any questions, please contact Donna Patrick at 1-800-634-4473 or donnap@cted.wa.gov

Legislative Strategies Group 2005 Session Issues DRAFT: Updated October 7, 2005	ACHS- WSAC	County DD & King County Parent Coalition	The Arc	DDC	SAIL	CRSA	P-2020	REW	WPAS	Statewide Parent Coalition	SAW	People First	Low Income Housing Alliance
Public School Participation in Birth to Three Lead: Wee Care Cost: Is there a fiscal note from last year?	1	Supports	Supports	Supports		Supports	Supports	S	Supports	S			
Employment/Day Program Funding for High School Graduates Lead: P-2020 Cost: TBD	1	Supports	Supports	Supports	Supports	Supports	Lead	S	Supports	S	983	Supports	
Funding for Family Supports Lead: ? Request to add to waiver? State only funded?		Supports	Supports	Supports		Supports	Supports	S	S	Supports		S	
Cost:? Caseload Forcasting for Community Services for People with Developmental Disabilities Lead:?		S	S	S	S		S	S		S			
Cost? Establishment of Community Services Trust Account Lead: The Arc	S	Supports	Lead	Supports	Supports	Supports	Supports	S	Supports	S		Supports	
Cost:? Funding to Fulfill Waiver Obligations Lead?	S	Supports	Supports	Supports	•	Supports	Supports	S	S	S			
Cost? Court Accomodations for Crime Victims w/Disabilities (Hearsay Bill) Lead: WPAS	S		Supports	Supports			Supports		Lead				
Cost: ? Continuation of State Housing Trust Fund DD Set Aside Lead: Low Income Housing Alliance Cost: \$5-10 million (all GFS?)		Supports	Supports	Supports	Supports	Supports	Supports	S	Supports	S		Supports	Lead

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Residential Services for Senior Families	Terminate Medicaid Integration Partnership Le C Liability Insurance Issues	Reduction in B&O Taxes for Community Residential Providers Lead: CRSA Cost:?	Restore Dental Care Cuts	L&I Rate Reduction for Community Residential Providers	Family Support Policy C	Legislative Strategies Group 2005 Session Issues DRAFT: Updated October 7, 2005
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						Low Income Housing Alliance

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Please Support Birth to Three Services Children with Disabilities Need Your Help

Please support legislation that will ensure the participation of all local school districts in the birth to three early intervention system for children with disabilities. Currently, only 50% of school districts participate. This is not only unfair, it's unwise.

School district participation is important in birth to three early intervention services Research shows that early intervention reduces the need for special education and other services later.

In Washington State, from October 2002 through September 2003, 19.7% of the children exiting early intervention programs did not need special education services by their third birthday.

Access to appropriate birth-to-three services should not depend on where a child lives.

Currently, the system of Birth-to-Three services for children with disabilities is inequitable, because only 50% the school districts participate.

In 2005, legislation will be re-introduced that removes this inequity. This legislation lays out a five-year approach to bringing fairness in the birth-to-three service system by involving the school district in every local community.

Key points of legislation:

- By 2008, all school districts shall provide or contract with existing Birth-to-Three early intervention services for eligible children with disabilities in partnership with local birth-to-three lead agencies and providers.
- By July 2005, a task force shall be jointly appointed by the Governor and the Superintendent of Public Instruction. The task force will make recommendations amending WAC's, policies and procedures in order to ensure an equitable statewide system for all eligible children birth-to-three with disabilities.
- By December 2006, the task force shall submit a report to the Governor, DSHS, and Superintendent of Public Instruction.

The ABC's of Early Intervention

Advances a Child's Development

Early intervention enhances a child's development. Early intervention has demonstrated results of children needing fewer special education and other services later in life and in some cases being indistinguishable from children without disabilities.

Benefits Families and School Districts

Early intervention helps reduce the additional stresses and frustrations families of infants and toddlers with disabilities experience, positively impacting both the child and family.

School districts and families report that school participation in birth-to-three services supports a seamless and positive transition to 3-year-old special education (when needed).

Cost Effective

Data shows long term cost savings from early intervention programs. The cost is less when intervention occurs earlier, preventing developmental problems that would have required special services later in life.

The participation of all school districts is essential for stabilized funding and equal access to birth-to-three services in all communities of our state.

Fact Sheet Birth to Three Early Intervention

What is Early Intervention?

Early Intervention in Washington State is a collection of services families may need for their infants or toddlers with disabilities. Early Intervention during the first years of a child's life can make a big difference in the future of that child. Early intervention services for children birth to three includes:

- Evaluation of a child's strengths and needs;
- Service coordination:
- Appropriate educational experiences;
- Special therapies (e.g., physical, occupational, speech and language);
- Home visits and family supports; and
- Transition supports to pre-school special education services at age 3 (if needed).

Why does early matter?

Research on early development shows that windows for early learning begins at birth. The clear link between early brain activity and brain development provides the building blocks for life long learning and function including entering school ready to learn.

With intervention at birth or soon after the diagnosis of a disability or developmental concerns the child has greater developmental gains and less chance of developing secondary disabilities.

How many children are receiving birth-three early intervention?

6,506 children received birth-to-three early intervention services from October 2002 through September 2003. 19.7% of children who exited these programs during this period were no longer in need of special education services by their third birthday.

Current Coordination and Funding

State Coordination: DSHS Division of Developmental Disabilities (DDD) Infant & Toddler Early Intervention Program (ITEIP) and the State Interagency Coordinating Council for Infants and Toddlers with Disabilities. DSHS is the state lead agency.

Local Coordination: Local ITEIP Lead Agency and the County Interagency Coordinating Council

Even though the framework for coordination is in place, it's like a musical conductor working with only half an orchestra. Without the unifying participation of all school districts, not all eligible children have access to public school funding.

Funding Partners

<u>Federal</u>: Funding to coordinate a statewide birth to three system and serve as payor of last resort. (IDEA Part C)

Medicaid/Private Insurance: Covers eligible children for medically necessary services.

<u>Dept. of Health:</u> Funding provided in some parts of the state that have neurodevelopmental centers.

State DDD: State DDD birth to three funding is administered by counties whose per child funding levels vary. Only 2/3 of all counties allocate these funds to birth to three programs.

July 16, 2004

Cassie Johnson and Cecile Lindquist WEE CARE Coalition 6138 Waldron Dr SE Olympia WA 98513

Dear Ms Johnson and Ms Lindquist,

I have received your letter of June 14, 2004 seeking clarification of four specific issues related to the provision of services to children with disabilities ages birth to three. Please consider this letter as my response to each of the four issues you have identified.

Issue 1: Are school districts who serve children birth to three with disabilities by direct services or contracting for services responsible for providing FAPE (free appropriate public education)?

Answer: No. School districts who serve children birth to three with disabilities by direct services or contracting for services are not responsible for FAPE. Under the Individuals with Disabilities Education Act (IDEA), the school district obligation for a free appropriate public education begins at age three. In

fact, statutory language in Part C of IDEA states, "Nothing in this subsection shall be construed to require a provider of services under this part to provide a child served under this part with a free appropriate public education".

Issue 2: Are school districts serving children birth to three with disabilities by direct services or by contracting for services required to be payor of last resort?

Answer: No. School districts are not required to be the payor of last resort when serving children birth to three with disabilities by direct services or by contracting for services. Payor of last resort status currently rests with the designated lead agency (DSHS).

Issue 3: If school districts serve children with disabilities birth to three by direct services or contracting for services required to follow Part B or Part C of IDEA in administering the program?

Answer: School districts serving children with disabilities birth to three by direct services or contracting for services are required to follow Part C of IDEA. Please see WAC 392-172-176.

<u>Issue 4: How are school districts who serve children birth to three with disabilities funded?</u>

Answer: If a school district elects to serve children with disabilities in this age range, school districts may claim in state funding, an amount equal to 1.15 times the district's annual

average full time equivalency (FTE) through state apportionment. Please note that if a district elects to serve children with disabilities aged birth to three, the state apportionment generated by this election does not count against the district's 13% of total k-12 enrollment index that is applied to children with disabilities aged 3-21. Federal funding available for students with disabilities aged birth to three are distributed to the state lead agency for Part C (DSHS). These funds are then distributed to locally designated lead agencies to assist in the implementation of services defined in Individualized Family Service Plans (IFSPs).

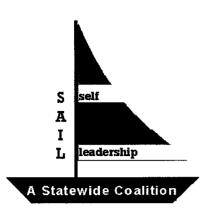
I hope that the answers I have provided to the issues raised in your letter are clear. If not, please do not hesitate to seek additional clarification. Thank you very much for your continued commitment and services to all children with disabilities in our state.

Sincerely,

SPECIAL PROGRAMS

Douglas H. Gill, EdD, Director Special Education Operations

Cc: Bob Harmon Lou Colwell Karen Walker



SAIL 2005 Legislative Agenda

Fund Unmet Needs

9,000 individuals on the Division of Developmental
 Disabilities caseload are without DD services
 These services are a necessity to live a basic, happy life.
 Receiving the proper services and supports makes people feel good about themselves. J.C.D., Spokane

Fund Employment Services

- It increases independence
- Allows us to be working taxpayers and give back to our community

Without employment services I would not have a job or any money to help take care of myself. George Adams, Bremerton

Fund Community Living

- We support the continued downsizing of state institutions
- People should be integrated and be able to live in the community as we do

I lived in an institution for 20 years and was able to better my life in the community. I want others to have the same opportunity. Mike Raymond, Tacoma

Fund Improved Healthcare

More doctors need to accept our Medicaid coupons

 Create proactive prevention, rather than reactive treatment, it costs less

I do not have the funds to pay for healthcare out of pocket and do not want to end up in the emergency room. Robert Wardell, Tacoma

Fund Transit Services

 We use transit for everything in our lives: doctor appointments, work, grocery store, movies, and much more.

Transportation is a source of independence and provides me with a sense of freedom. B.J. Flaherty, Yakima

Proposed and Supported Legislation

Accessible Parking - This bill would direct all new parking signs and permits to use the word "accessible" instead of "handicapped" and/or "disabled"

Voting Rights – Currently, the law relating to voting rights for people who have full guardians says that when a court imposes a full guardianship the person <u>loses</u> the right to vote unless the court says otherwise.

The new law would assume the person's right to vote. When a court imposes a full-guardianship the person keeps the right to vote unless the court says otherwise.